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ELECTRO-THERAPEUTICS

OF THE

MALE GENITAL ORGANS.

BY

A. D. ROCKWELL, A.M., M.D.,

ELECTRO-THERAPEUTIST TO THE WOMAN'S HOSPITAL OF THE STATE
OF NEW YORK.

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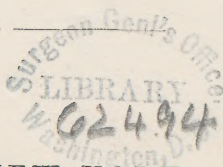
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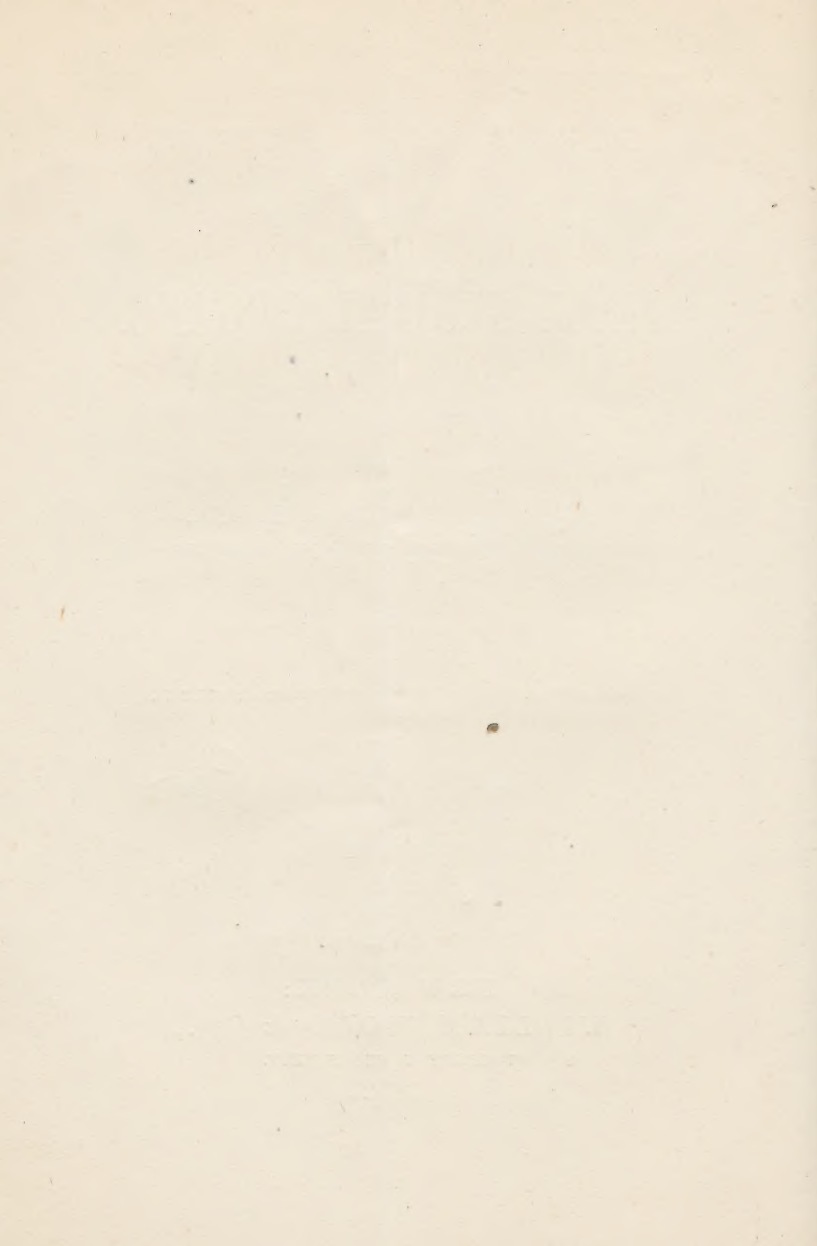
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IN the consideration of disease the intelligent practitioner is first required, so far as possible, to clearly apprehend the indications, and then as nearly as may be to meet them by his remedies. In certain disorders—and these constitute not a small proportion—the indications are often uncertain, and therefore unsatisfactory, and necessarily lead to empiricism. In other diseases the indications are most clearly defined, and the only difficulty is to find some remedy or method that will adapt itself to them and thus hasten recovery. In anæsthesia, the cry of the sensory portion of the nervous system is for a direct and peculiar form of stimulation to the nerve-centres, along the course of the nerves, or to their peripheral expansion.

To meet the first indication (where the nerve-centres are involved), central galvanization is not unfrequently of essential service; localized galvanization or faradization is called for in the second condition; and where the peripheries alone are in fault, faradization

with the wire brush is usually beneficial. In paralysis of a motor nerve we desire in the same way to stimulate either the nerve-centres or the nerve itself, and substantially the same method of procedure may prove of service. Most admirably do some pathological conditions of certain of the nerves of special sense serve as illustrations of this principle. In anosmia, or loss of the sense of smell, similar indications are afforded as above; so also in impairment of the sense of taste, and in many cases they are as successfully met by the same method of treatment.

A nerve is in a condition of heightened irritability; there are disturbances of circulation dependent primarily on a perverted or weakened influence of the great sympathetic, and secondarily on disturbance of the vaso-motor nerves; muscular atrophy is making rapid progress through lack of nerve nutrition, and certain secretory and excretory organs fail to properly perform their functions for want of a sufficiently stimulating influence. In all these conditions the indications are positive and sufficiently well defined, but with perhaps the exception of the last, in which the symptoms are sometimes met by internal medication, the treatment by the old and accepted methods affords but an uncertain and unsatisfactory prognosis. Electricity, however, in one or another of its manifestations, or by some one of its varied methods of application, excellently meets all these requirements, and accomplishes what with our present knowledge and methods would be impossible without it.

All this applies equally to the diseases which this paper proposes briefly to consider.

In spermatorrhœa, seminal emissions, and impotence

the indications are often sufficiently clear and well defined ; but the one great difficulty has been to find a remedy that can reach and successfully fulfil them. The remedy that I offer is, again, electricity, and it is offered not only on the ground that it has practically equalled the expectations that it held out, but that, theoretically, it ought to be of service. In the first place it must be remarked that of these three conditions, viz. : spermatorrhœa, seminal emissions, and impotence, the latter, taking the cases as we find them, yields the most uniformly and readily to the treatment that we are considering. These three conditions are, however, very frequently associated, and the symptoms suggestive of each may be so intermingled as to render it difficult to decide which presents the most prominent features for treatment.

SPERMATORRHŒA.

There can be no question that true spermatorrhœa is much less frequent than is generally believed,

It consists in an involuntary discharge of semen, without erection, and as there are several secretory glands besides the testicles, the secretion from which lubricates the urethral canal, and may appear externally even in a healthy condition of the parts, the activity of charlatans has had a fair field in which to excite alarm among the credulous.

In regard to the treatment of spermatorrhœa, it is hardly necessary to say that no one method of electrization will answer in all cases.

The applications may be localized externally or internally, and in addition we frequently use with advantage general faradization, sometimes central gal-

vanization even. There is one method of procedure, however, concerning which I have positive convictions. I refer to galvanization of the ejaculatory ducts, or the parts in their immediate vicinity, by means of the insulated catheter electrode. It is true that if employed with great caution and with a current of very slight tension no harm may result. Currents of considerable electrolytic power even may frequently be borne without any after ill effects; but it is equally true that these same applications, whether weak or strong, have in numbers of instances been followed by profound and lasting irritation, and in my hands I am not satisfied that it ever accomplished good in true spermatorrhoea. Deaths have been known to result from the effects of the *porte-caustique*, and doubtless most of us have knowledge of cases in which it has produced inflammation or chronic irritation. From the history of one case at least, it seemed sufficiently clear to me that this treatment had laid the foundation of an obstinate stricture; and in another case, of complete destruction of the virile power, which I saw with Dr. Jerome Smith, it was evident that the symptoms were in a measure due to a most severe and ill-advised cauterization of the ejaculatory ducts. Electrolytic action is of course more completely under control, and although its physiological influence is different from that of the caustic, it is yet occasionally followed by substantially the same effects, and I hesitate to make use of it internally in the irritable condition that we are considering.

In lieu of this procedure, however, and in addition to the external methods of treatment, I am highly in favor of the direct application of the faradic current

to the urethra, and on the same principles and to meet the same indications that the occasional introduction of the ordinary catheter is attempted.

Mechanical pressure alone tends to unload the congested capillaries, and to very decidedly lessen the sensibility of the urethral nerves, and, when combined with the vibratory action of the faradic current, I am convinced that its good effects are markedly increased.

SEMINAL EMISSIONS.

Seminal emissions consist in an involuntary discharge of seminal fluid, with erection, and demands treatment only when it becomes excessive, and is associated with, is dependent on, or is the cause of constitutional disturbance.

IMPOTENCE.

Unlike spermatorrhœa, impotence in its various grades of impairment of the sexual power is of very frequent occurrence; indeed is present far more universally than is generally supposed. So far as my experience goes, it would seem that the mildest and most frequent form of impotence manifests itself by a premature ejaculation of semen, with no special diminution of sexual desire, but with some impairment of the power of erection. A somewhat more persistent condition is shown by an appreciable diminution or capriciousness of the sexual appetite, with a *marked* decrease of the power of erection; and thirdly, there is not unfrequently an entire absence of sexual desire and power of erection. I shall not attempt to enter into any consideration of the causation of these symptoms further than to say that the vast majority of cases of this character depend on the same general cause—over-

taxation. Not only in its incipient, but in its more advanced stages, impotence not unfrequently is the result of organic disease of the nerve-centres, and its treatment by electricity is of importance only so far as it serves as an illustration of the extraordinary stimulating or tonic influence of the remedy. I have had patients suffering from incurable chronic hemiplegia, progressive muscular atrophy, locomotor ataxia, etc., where there has been, under local and general electrization, a most extraordinary increase in the desire and capacity for sexual intercourse. As a rule this increase has been of a temporary character only, but occasionally the effects have been lasting. In one case of Addison's disease of the supra-renal capsules, where the desire and power had been completely lost for eighteen months, both were approximately restored by treatment. Now, in the consideration of the various degrees of impaired sexual power, the question at once arises, What are the indications; and again, how are these indications to be fulfilled? In the milder forms of impotence, where there is simply premature ejaculation of semen, with some diminution of the power of erection, as well as in the more advanced stages, where the desire is capricious and the power of erection pretty well destroyed, it is evident that there must be a degree of paralysis at the root of the disorder dependent on structural changes in the nerve-centres, or else this impaired power or tone in the muscles and erectile tissue may be of a purely local character. In the latter case the indications are clearly the same as in other forms of local paralysis, and by faradization of the ischio-cavernosus, bulbo-cavernosus muscles, etc., much may be accomplished.

In recent cases of impotence, where there is considerable power remaining, as well as in its more advanced stages, where the power is approximately lost, we not unfrequently find that the seminal secretion is markedly reduced not only in quantity but quality, and reasoning from analogy it would seem that in such cases there were undoubted indications for the use of electricity.

The galvanic current especially has the power of exciting to increased activity the secretory function of various glands, and not unfrequently accelerates physiological mucous discharges. The salivary and lachrymal glands, as well as the liver, are susceptible to stimulation by electrization, and it is undoubtedly true that the lacteal secretion has been augmented by passing the current through the breasts of nursing women.

It is highly probable, then, that a deficiency in the secretion of semen, when it is dependent on paralysis or exhaustion of the nerves controlling this function, and not on pathological changes of a structural character, may be successfully remedied by galvanizing the spermatic nerves and the testicles. We must not, however, in all cases depend on local treatment alone.

Not only may impotence be associated with, but it may result wholly from, disorders of a general character.

The excessive use of sedative narcotic remedies, sedentary habits, and general mal-nutrition from any cause lead to the condition under consideration, and demand the constitutional tonic influence of general faradization.

It is a fact worthy of note that some cases of sexual

incapacity are associated with diminished electro-cutaneous sensibility of one lateral half of the penis. Occasionally the anæsthesia is quite profound, and as a rule the sexual weakness is in proportion to the degree of anæsthesia. The numbness in these cases is more than an accidental association; it would indeed appear as if it was a gauge, and to a certain extent a cause, for by the application of the ordinary electric brush to the parts, in the same way that we treat any case of local anæsthesia, the numbness is often removed and the integrity of the sexual function restored. Impotence, as before remarked, may manifest itself by many symptoms and in various degrees, but there is one phase of it that is, I believe, not very common.

It consists in an inability to ejaculate semen, while the power of erection remains vigorous, and to this condition the term aspermatism was first proposed by Roubaud, in 1855. Dr. Wm. H. Van Buren, in an article published in the *N. Y. Medical Journal* for November, 1868, suggested that the difficulty in ejaculating the semen was caused by an exaggerated spasmodic contraction of the muscular fibres of the walls of the ejaculatory ducts, leading to their occlusion under extreme excitement. On this theory it would seem that the indications called for galvanization of the ejaculatory ducts; but in two cases that have come under my observation, and that might fairly be placed under the head of this affection, the treatment failed to afford relief. Cases illustrative of the possibilities, as well as of the limitations of the electrical treatment of impotence might be abundantly given, but it is not my purpose to weary my readers with the dry details of a clinical report.

In order, however, to give to those who are interested in this subject an approximate idea of the measure of benefit that may be derived in the treatment of the various phases of this disease, it may not be amiss to state briefly the general results of my efforts. During the last three years, and in private practice exclusively, I have been enabled to thoroughly follow out the treatment of twenty-eight cases of impotence, in its various degrees, by some one or several methods of electrization.

Of these twenty-eight cases, eight failed to receive appreciable benefit; while twenty either recovered completely, or approximately, or were very greatly improved. Of the eight cases, most of them were from one to many years' standing, generally representing individuals approaching or beyond middle life, and, as a rule, the result of long-continued sexual excesses or repeated attacks of syphilis or gonorrhœa.

When the sexual power has once become very decidedly impaired through excesses, it is not to be expected that in general the old vigor will return in full strength, and therefore it can only be said of the twenty cases that were benefited, that the majority recovered approximately, but permanently; and it is only fair to add, that quite a number of them were of several years' standing, occurred in persons of middle age, and were the result of unusual excesses.

The symptoms that I have briefly considered are of real importance. More probably than any other manifestations of physical debility do they lead to deeply deplorable results.

In their wake follows that dreaded mental condition—hypochondriasis, which, when once it firmly

possesses a man, unfits him for every duty. As it has been doubted whether the resources of electro-therapeutics are capable of affording any decided and lasting benefit in these diseases, I here record not only as the result of my own experience, but from a knowledge of the experience of others, that no case in which there have been reasonable grounds for hope can be said to have been fairly treated until the proper applications of electricity have been attempted. The records, I am firmly persuaded, justify the assertion that of cases of impotence not dependent on incurable organic disease, the majority will not fail to be more or less improved by electricity in some of its forms or methods of application, even after the failure of the internal administration of medicine.

